

**CLAIMS ONLY**

Application Number

Application Number  
10/702312

Filing Date

**Applicant(s)**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2			/	/		
3				/		
4				/		
5				/		
6				/		
7				/		
8				/		
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47				/		
48				/		
49				/		
50				/		
Total Indep						
Total Depend						
Total Claims						

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
61						
62						
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100						
Total Indep						
Total Depend						
Total Claims						